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|---|----------------|----------------------|---|----------------------------|--|--|----------------------------|---------|-------------------------|--------------------------|
| EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment | | | | | | Work Assignment Number 2-1 | | | | |
| | | | | | | <input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000006 | | | | |
| Contract Number EP-W-08-018 | | | Contract Period 03/11/2008 To 03/10/2011 | | | Title of Work Assignment/SF Site Name | | | | |
| | | | Base Option Period Number 2 | | | | | | | |
| Contractor ICF SERVICES COMPANY LLC | | | | | Specify Section and paragraph of Contract SOW | | | | | |
| Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval | | | | | Period of Performance From 03/11/2010 To 03/10/2011 | | | | | |
| Comments: The purpose of this amendment is to approve the contractor's work plan and cost estimate dated November 30, 2010. However, the contractor shall not exceed a LOE labor hour ceiling of 15,555 hours without prior written approval of the Contracting Officer. | | | | | | | | | | |
| <input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund | | | | | | | | | | |
| Note: To report additional accounting and appropriations data use EPA Form 1900-69A. | | | | | | | | | | |
| SFO (Max 2) <input type="checkbox"/> | | | | | | | | | | |
| Line | DCN (Max 6) | Budget/FY (Max 4) | Appropriation Code (Max 6) | Budget Org/Code (Max 7) | Program Element (Max 9) | Object Class (Max 4) | Amount (Dollars) | (Cents) | Site/Project (Max 8) | Cost Org/Code (Max 7) |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| Authorized Work Assignment Ceiling | | | | | | | | | | |
| Contract Period: | | Cost/Fee: | | LOE: 18,900 | | | | | | |
| 03/11/2008 To 03/10/2011 | | | | | | | | | | |
| This Action: | | | | 0 | | | | | | |
| | | | | | | | | | | |
| Total: | | | | 18,900 | | | | | | |
| Work Plan / Cost Estimate Approvals | | | | | | | | | | |
| Contractor WP Dated: | | | | Cost/Fee: | | | LOE: | | | |
| Cumulative Approved: | | | | Cost/Fee: | | | LOE: | | | |
| Work Assignment Manager Name Elliot Lieberman | | | | | | | Branch/Mail Code: | | | |
| _____ (Signature) (Date) | | | | | | | Phone Number 202-343-9136 | | | |
| | | | | | | | FAX Number: | | | |
| Project Officer Name Ryan Daniels | | | | | | | Branch/Mail Code: | | | |
| _____ (Signature) (Date) | | | | | | | Phone Number: 202-564-6476 | | | |
| | | | | | | | FAX Number: | | | |
| Other Agency Official Name | | | | | | | Branch/Mail Code: | | | |
| _____ (Signature) (Date) | | | | | | | Phone Number: | | | |
| | | | | | | | FAX Number: | | | |
| Contracting Official Name Debra A. Miller | | | | | | | Branch/Mail Code: | | | |
| _____ (Signature) (Date) | | | | | | | Phone Number: 202-564-1041 | | | |
| | | | | | | | FAX Number: | | | |